South Dakota National Guard State Youth Council Application

Section 1: Applicant Information					
Name:					
	Last		First		MI
Preferred Name:			DOB:	Age:	
			Gender:	Male	
SSN:			(circle one)	Female	
Year in School For Spring 2009:					
Home Po	ostal Mailing Address:				
Street:			APT: State/Zip:		Zip:
Home Phone:		E-ma	E-mail:		
Section 2: Parent/Legal Guardian Information (Complete all applicable information)					

Name of Sponsor: (Parent/Legal Guardian)				
Unit: Un		Unit Address:		
Duty Phone: E-r		E-mail:		
Cell Phone:		Home Phone:		
Employer:				

Section 3: Written Questions (please print or type your answers. Attach additional pages as needed)

1. Why do you believe you are qualified to represent the South Dakota National Guard Youth and to speak on their issues?

2. Please Describe your volunteer involvement and leadership experiences.

3.	Please Describe your school and extra curricular activities.
4	NAN-AL AND
4.	What would you tell National Guard Senior Leaders about your life as a National Guard Family Youth?

5.	As a South Dakota National Guard Youth Council Member, what three things do you think will be the most important to our Youth Program?
6.	What experiences, strengths, or personal qualitites do you have that will help you be a good leader?

Section 4: Signatures (All signatures are required to submission of application)

I, understand the purpose of the SD National Guard Youth Council. If accepted, I am prepared to fulfill the commitment that is required of me. I have discussed this commitment with my parent(s)/legal guardian, teachers, school officials, employer, coaches, and all others who may be affected by my involvement with the SD National Guard Youth Council and have earned their concent.				
I have prepared this application and certify that it accurately reflects my work.				
Date:	Signature of Applicant:			
Additional Signatures Required:				
Date:	Parent/Legal Guardian:			
Date:	Youth Coordinator:			

Return to:

Candice Tvinnereim
Youth Coordinator WGJV Contractor
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